

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 110641
Permit No. _____
Basin 064

FINALIZED MTH

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER The Estate of Martin T. Wessel
C/o Misty Wessel-Darr
MAILING ADDRESS 11359 Irving Lane
Boise Id 83713

NOTICE OF INTENT NO. 64382
ADDRESS AT WELL LOCATION Former Ted's Chevron 474 W. Fremont St
Boise MTN, NV
Subdivision Name: _____ County: Lander

2. LOCATION NE 1/4 SE 1/4 Sec 18 T 32 N SR 45 E
PERMIT/WAIVER No. 5-000104 002-082-C1
Issued by Water Resources Parcel No. _____

Latitude N 40.64606° UTM E NAD 27
Longitude W 116.93956° N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Silt Gravel</u>	<u>NO</u>	<u>0</u>	<u>5</u>	<u>5</u>
<u>Silt Sand Gravel</u>	<u>Yes</u>	<u>5</u>	<u>10</u>	<u>5</u>
<u>Sand Gravel</u>	<u>Yes</u>	<u>10</u>	<u>15</u>	<u>5</u>
<u>Sand</u>	<u>Yes</u>	<u>15</u>	<u>20</u>	<u>5</u>

9. WELL CONSTRUCTION

Depth Drilled <u>20</u>	Feet	Depth Cased <u>20</u>	Feet
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HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>12</u>	<u>0</u>	<u>20</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>		<u>Sch. 40</u>	<u>0</u>	<u>5</u>

Date started: April 20th . 20 10
Date completed: April 20th . 20 10

Perforations:
Type of perforation Factory Slot
Size of perforation 020

From <u>5</u>	feet to <u>20</u>	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>0</u> to <u>1</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 3 to 20 Pumped Poured
Type: 1 1/2" silica sand

Bentonite Chips: Yes No 1 to 3 Pumped Poured
Type: 3/8" Bentonite Chips

7. Water Level
Static water level: 8 feet below land surface
Artesian Flow: NO G.P.M. _____ P.S.I. _____
Water Temperature: < 85 °F
Quality: _____

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Haz-Tech Drilling Inc
Address P.O. Box 940
Meridian Id. 83690
Nevada contractor's license number _____
issued by the State Contractor's Board 0038019
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-18837-1
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 4/29/10

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>STATE ENGINEERS OF ID</u>	<u>440</u>	<u>15</u>	
<u>SD-1114 S-5</u>			
<u>RECEIVED</u>			